



EST. H# _____

PLAN CHECK # _____

**WORKPLAN
FOR
UNDERGROUND STORAGE TANK CLOSURE**

1. Site Name _____
2. Site Address _____

3. Describe the existing land use in the surrounding area, (residential, commercial, schools). Describe the locations of nearest receptors and the prevailing wind.

4. Explain how the excavation will be secured. Describe fencing/site security and other methods that insure public safety.

5. If soil is to be stockpiled, describe the location on the Plan Check map. Describe method of soil containment (berming/covers, run-off control).

6. Do you plan to conduct site assessment or remedial work beyond what is necessary to remove the underground storage tank(s) and perform the mandatory soil sampling required by the Site Assessment and Mitigation Division (SAM) of the Department of Environmental Health?

☐ Yes

☐ No

If Yes, a Workplan for Post-Tank Removal Investigation must be completed under the direction of a registered professional.

Signature _____

Title _____

Telephone _____ Date _____